

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8-26-03.

I. DISPUTE

Whether there should be reimbursement for office visits and physical therapy services, CPT codes, 99205, 97010, 97032, 97035, 97124, and 99211.

II. FINDINGS

1. The respondent denied reimbursement for the disputed office visits and physical therapy services based upon "F – Reduced According to Fee Guideline; and 245-Deny claim."
2. On 8-29-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

The requestor failed to submit medical records to support fee dispute and challenge insurance carrier's position per Rule 133.307(g)(3)(B). Therefore, reimbursement is not recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes 99205, 97010, 97032, 97035, 97124, and 99211.

The above Findings and Decision are hereby issued this 06th day of February 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division